

UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY

Miss Evette Calen Feagin

CV. 22-273 (CCC)(MAH)

(In the space above enter the full name(s) of the plaintiff(s).)

- against -

The City of Newark

COMPLAINT

Jury Trial: ☒ Yes ☐ No

(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, address and telephone number. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff	Name	<u>Miss Evette Calen Feagin</u>
	Street Address	<u>140 South Orange Avenue</u>
	County/City	<u>Newark, Essex</u>
	State & Zip Code	<u>New Jersey 07103</u>
	Telephone Number	<u>1(973)848-1296</u>

- B. List all defendants. You should state the full name of the defendants, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant can be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name The City of Newark, Municipal Court
 Street Address 31 Green Street
 County, City Essex, Newark
 State & Zip Code New Jersey 07102

Defendant No. 2 Name _____
 Street Address _____
 County, City _____
 State & Zip Code _____

Defendant No. 3 Name _____
 Street Address _____
 County, City _____
 State & Zip Code _____

Defendant No. 4 Name _____
 Street Address _____
 County, City _____
 State & Zip Code _____

II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. There are four types of cases that can be heard in federal court: 1) Federal Question - Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case; 2) Diversity of Citizenship - Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case; 3) U.S. Government Plaintiff; and 4) U.S. Government Defendant.

- A. What is the basis for federal court jurisdiction? (check all that apply)

☒ Federal Questions ☒ Diversity of Citizenship
☐ U.S. Government Plaintiff ☐ U.S. Government Defendant

- B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at

issue? 1) I am a Native American Indian; an indigenous
people. 2) I was an Army Reservist.
3) Request my lease not to be terminated unless I
receive secure housing in a house.

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship American Citizen, Heterosexual American.

Defendant(s) state(s) of citizenship All nations citizens; Foreign American Citizens. Gay Americans.

III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? 1994 Newark

B. What date and approximate time did the events giving rise to your claim(s) occur? 1994 Newark and 2022 Newark. I've lived here for over

20 years which is the allotted in NCC. I asked for the buy out amount and there was none for the purchase of a house from the contract of Newark. What happened to you?

C. Facts: 1) I lost my job as Newark Municipal Cashier (handling cash w/ a college degree). (1993-1994)
2) I lost my pregnancy while employed. (a forced miscarriage/abortion)
3) I was institutionalized w/ my stomach flat and with my stomach medium size & large size.
4) I was homeless before this address I have lived at NCC for 22 years in secured housing.

Who did what?

The City of Newark is responsible for all these things and homelessness. They are not responsible for my housing at NCC - New Community Corp. though they have to pay the contract rent portion by law.

Was anyone else involved?
U.S. Army Reserves.

Who else saw what happened?
Newark Community & Newark Business District.

IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

- 1) No children from no other man not even
- 2) No indian children of an adult ^{Derek Simmons} Since 1993 1996
age since 1994 - 2020.
- 3) No indian grandchildren.
- 4) Sexual Harrassment from the City of Newark.

Also still solicited by Derek Simmons relatives for sex in my building.

- 5) I've been assigned another gay sex partner since 1993 besides DEREK Simmons. Here in 2019 until now 2022 I have been with a Chris Walker alias Jay Mason. He does not want to have heterasexual anymore.

V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation.

(e) President Trump & the City of Newark discussed Montclair as an option for me to live. 2 Disabled Apt. Buildings and 1 House!

- 1) \$500.00 check from the City of Newark.
- 2) \$4,000.00 a check for moving w/ the Statue of Liberty on the check from U.S. Military (for moving from Carlton Hotel Newark Homeless Shelter to NCC - New Community Corp.)
- 3) \$500.00 from U.S. Military.

I have not recieved anything for my pain & suffering. No job, No relationship with any heterasexual man, No children grown or grands of a indian ethnicity, NCC has townhouses a you need children to live there after over 20 years in disabled NCC building. No secure indian identity of Jeffrey David Feagin in the care of my sister Eva since he was four months old. No secure identity of Joseph Micheal Feagin in the care of a DYFS Foster Parent. Never married. Sex w/ homosexuals and a building move-in of only homosexual man which includes Chris Walker alias Jay Mason. No education or even law school education & A masculine uterus (transgender uterus) & Mental Illness

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 10th day of January, 20 22.

Signature of Plaintiff Miss Evette Calen Feagin
Mailing Address 140 South Orange Avenue
Apt. #1701
Newark, New Jersey 07103
Telephone Number 1(973)848-1296
Fax Number (if you have one) n/a
E-mail Address Calen.Feagin@yahoo.com

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint.

Signature of Plaintiff: Miss Evette Calen Feagin
PRESIDENT TRUMP ADVISOR

SOCIAL SECURITY
274 SPRINGFIELD AVE
NEWARK NJ 07103

**Social Security Administration
Supplemental Security Income
Notice of Change in Payment**

Date: November 28, 2021
BNC#: 21S1365E30427 DI



0082620 00082620 1 AV 0.426 CN6LNA T280 P7

COLA MO4 11/21 188 21S1365E30427

EVETTE CALEN FEAGIN

APT 1701

140 S ORANGE AVE

NEWARK NJ 07103-3099

09010YGP0015478 CN6LNA 0082620 0000000000

We plan to increase your monthly Supplemental Security Income (SSI) payment from \$146.25 to \$152.25 beginning January 2022. The amount will change because the cost of living increased during the past year. You will continue to get the new amount each month unless there is a change in the information we use to figure your payment. The new amount includes \$31.25 from the State of New Jersey.

The rest of this letter explains more about your SSI payments. It also tells you how to find affordable health care.

We explain how we figured the monthly payment amount on the worksheet(s) at the end of this letter. The explanation shows how your income, other than any SSI payments, affects your SSI payment. We include explanations only for months where payment amounts change.

When You Will Receive Your Payments

Your bank or other financial institution will receive your monthly payment of \$152.25 around January 1, 2022, and on the first of each month after that.

Information Used In Making The Decision

Our records show that the following income used to figure your payment has also changed--

Your increased Social Security benefits--before any deductions for Medicare premiums-- of \$740.00. You should receive the increased Social Security benefit about January 3, 2022. We must count the increase in your benefits for January 2022 even though we are counting your other income for November 2021.

See Next Page

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If You Work Or Want To Return To Work

We have a free and voluntary program called Ticket to Work that helps people who get disability benefits go to work. If you participate in this program, we may set aside review of your medical condition. Special rules may allow you to keep your Medicare or Medicaid and some or all of your disability benefits during your transition to work. Over time, you can replace your benefit payments with earnings from work. Please visit <https://choosework.ssa.gov> to find a list of service providers, including benefits and work incentives counselors, who can help you find, prepare for, and keep a job. For more information, contact the Ticket to Work Help Line at **1-866-968-7842** (TTY **1-866-833-2967**).

If you receive disability benefits and work, you must call us right away at **1-800-772-1213** (TTY **1-800-325-0778**) and tell us about any earnings you have. When you get Supplemental Security Income, you must also tell us each month if there are changes in the amount of your earnings. If you do not report your earnings and you get paid too much, you may have to repay benefits received. When you report your earnings, we will give you a receipt to verify your report. Keep this receipt with your other important papers from us. To learn more, please read our free publications, *Working While Disabled - How We Can Help* (No. 05-10095) or *The Red Book* (No. 64-030), our guide to employment support programs. You can find them at www.ssa.gov/pubs/EN-05-10095.pdf and www.ssa.gov/redbook online.

Your Reporting Responsibilities

Your SSI payments may change if your situation changes. You are required to report any changes that may affect your SSI no later than 10 days after the month the change takes place.

Please call **1-800-772-1213** (TTY **1-800-325-0778**) or contact your local Social Security office to report any of the following changes:

- You start or stop work, or your wages increase or decrease
- Your bank account balance goes over \$2,000.00
- You move
- Anyone else moves into or out of your household
- Someone in your household dies
- You marry, separate, or divorce
- Income or resources change for you or members of your household
- Your medical condition improves
- You leave the United States and expect to be gone for a full calendar month or for 30 consecutive days
- You are in a hospital, jail, or other institution for a full calendar month
- You have a felony or arrest warrant for escape from custody, flight to avoid prosecution or confinement, or flight-escape

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Easy Ways To Report Wages

You also may be able to report your wages using our automated services:

- Our free "SSI Mobile Wage Reporting" application" lets you report wages on your smartphone.
- Our toll-free "SSI Telephone Wage Reporting System" lets you report wages using a touch-tone phone.
- Our "MyWageReport" tool lets you report wages securely online using a computer, tablet, or smartphone through your **my Social Security account**. To set up your account, go to www.ssa.gov/myaccount online.

To find out if you can use our automated services, please contact your local Social Security office.

Information About Other Benefits

We can sometimes pay more than just SSI payments. You may be able to receive benefits from your parent's Social Security record if you meet the following rules:

- you were disabled before age 22;
- you are unmarried, and
- At least one of your parents worked long enough under the Social Security program and is entitled to retirement or disability benefits or is deceased.

If you think you meet the above rules, please contact any Social Security office to file an application for childhood disability benefits.

You Can Review The Information In Your Case

The decisions in this letter are based on the law and information in our records. You have a right to review and get copies of the information in our records that we used to make the decisions explained in this letter. You also have a right to review and copy the laws, regulations, and policy statements used in deciding your case. To do so, please contact us. Our telephone number and address are shown under the heading "If You Have Questions".

Things You Should Know

- You may use this letter when you need proof of your SSI payment amount for other assistance programs such as food assistance, rent subsidies, energy assistance, medical assistance, bank loans, or for other purposes. However, if you get another letter saying your SSI payment is changing again, use that letter instead.



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- We may match computer records and share information with other Federal, State, or local government agencies. Agencies use this information to see if a person qualifies for benefits. The law allows us to use computer matching even if you do not agree.

If You Disagree

If you disagree with this decision, you have the right to appeal. A person who did not make the first decision will decide the appeal. We call this appeal a reconsideration. When you appeal, we review your entire case, even the parts with which you agree. We consider any new facts we have and then make a new decision. The new decision could be more favorable, less favorable, or the same as the one you already have.

Time To File An Appeal

- You have 60 days to file an appeal in writing.
- The 60 days start the day after you receive this letter. We assume you got this letter 5 days after the date on the letter, unless you show us that you did not get it within the 5-day period.
- You must have a good reason for waiting more than 60 days to file an appeal.

How To Appeal

The fastest and easiest way to file an appeal is to visit <https://secure.ssa.gov/iApp/NMD/start> online. You may call **1-800-772-1213** (TTY **1-800-325-0778**) to request an appeal form or for help. You can file an appeal with any Social Security office. You must request the appeal in writing. You can also use our "Request for Reconsideration" form, SSA-561-U2, which is available on our website at www.ssa.gov on the Internet.

There are 2 types of appeals. In most cases, you can choose the one you want.

- **Case Review:** You will not meet with the person who decides your case. You have a right to review the facts in your file. You can give us more facts to add to your file. Then we will decide your case again. This is the only kind of appeal you can have for a medical decision.
- **Informal Conference:** You will talk with the person who decides your case either in person or over the phone. You can tell that person why you disagree with our decision. If you meet with us in person, it may help your case. You have a right to review the facts in your file. You can give us more facts to add to your file. You can have other people help explain your case. Then we will decide your case again.

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If You Want Help With Your Appeal

You may choose to have a representative help you. We will work with this person just as we would work with you. If you decide to have a representative, you should find one quickly so that person can start preparing your case.

Many representatives charge a fee only if you receive benefits. Others may represent you for free. Usually, your representative may not charge a fee unless we approve it. Your local Social Security office can give you a list of groups that can help you find a representative.

If you get a representative, you or that person must notify us in writing. You may use our Form SSA-1696-U4 Appointment of Representative. Any local Social Security office can give you this form.

Help Prevent Identity Theft

Be aware of scams through the mail, Internet, telephone, or in person. You should be careful when someone asks for personal information, especially your Social Security number. Please visit www.usa.gov/identity-theft to find out more.



Suspect Social Security Fraud?

If you suspect Social Security fraud, please visit <https://oig.ssa.gov/report> or call the Inspector General's Fraud Hotline at **1-800-269-0271** (TTY **1-866-501-2101**).

Health Care Options

Need health insurance or know someone who does? Visit **HealthCare.gov** or call **1-800-318-2596** to get more information. If you are deaf or hard of hearing, you may call (TTY) **1-855-889-4325**.

Other Help For Older Adults and People with Disabilities

The Administration for Community Living offers older adults and people with disabilities a way to connect to a variety of community services and resources.

For Older Adults: Eldercare Locator at **1-800-677-1116** or www.eldercare.acl.gov.

For People with Disabilities: Disability Information and Access Line (DIAL) at **1-888-677-1199** or acl.gov/DIAL

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If You Have Questions

If you have any questions, please:

- Visit our website at **www.ssa.gov** to find general information about SSI;
- Visit our website at **www.ssa.gov/SSIrules** to find the law and regulations about SSI eligibility and payments;
- Call us toll-free at 1-800-772-1213 or call your local office at 877-402-0821. We can answer most questions over the phone. If you are deaf or hard of hearing, our toll-free TTY number is **1-800-325-0778**; or
- Contact any Social Security office. If you plan to visit an office, you may call ahead to make an appointment. The office that serves your area is located at:

SOCIAL SECURITY
274 SPRINGFIELD AVE
NEWARK NJ 07103



Please have this letter with you if you call or visit an office.

Social Security Administration

Enclosure(s):
How We Figured Your Payment

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HOW WE FIGURED YOUR PAYMENT FOR January 2022 ON

Your Payment Amount

The most Federal SSI money the law allows us to pay	\$841.00
Minus (-) "Total income we count" (see below)	<u>-720.00</u>
Federal SSI money	\$121.00
Plus (+) the most State SSI money the law allows us to pay	+ 31.25
We didn't subtract (-) any income from State SSI money	<u>- 0.00</u>

Total Monthly SSI Payment for January 2022 on	\$152.25
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Your Income Other Than Your SSI

Income you receive in November 2021 on affects your payment for January 2022 on

January 2022 amount of Social Security benefits	\$740.00
By law we don't count \$20.00 of above income	<u>- 20.00</u>

Total income we count	\$720.00
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**Owner's Certification of Compliance
with HUD's Tenant Eligibility
and Rent Procedures**
**U. S. Department of Housing
And Urban Development**

 Office of Housing
Federal Housing Commissioner

 NOT for submission to the Federal Government
Landlord's Official Record of Certification

OMB Approval Number 2502-0204

Section A Acknowledgements

Read this before you complete and sign this form HUD-50059

Public Reporting Burden. The reporting burden for this collection of information is estimated to average 55 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (2502-0204), Washington, DC 20503. The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD or a Public Housing Authority (PHA) may conduct a computer match to verify the information you provide. This information may be released in accordance with HUD's Computer Matching Agreement (CMA) between the Social Security Administration and the Department of Health and Human Services. You must provide all of the information requested, including the Social Security Numbers (SSNs), unless exempted by 24 CFR 5.216, you, and all other household members, have and use. Giving the SSNs of all household members, unless exempted by 24 CFR 5.216, is mandatory; not providing the SSNs will affect your eligibility approval. Failure to provide any information may result in a delay or rejection of your eligibility approval.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543).

Tenant(s)' Certification - I/We certify that the information in Sections C, D, and E of this form are true and complete to the best of my/our knowledge and belief. I/We understand that I/we can be fined up to \$10,000, or imprisoned up to five years, or lose the subsidy HUD pays and have my/our rent increased, if I/we furnish false or incomplete information.

Owner's Certification - I certify that this Tenant's eligibility, rent and assistance payments have been computed in accordance with HUD's regulations and administrative procedures and that all required verifications were obtained.

Warning to Owners and Tenants. By signing this form, you are indicating that you have read the above Privacy Act Statement and are agreeing with the applicable Certification.

False Claim Statement. Warning: U.S. Code, Title 31, Section 3729, False Claims, provides a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages for any person who knowingly presents, or causes to be presented, a false or fraudulent claim; or who knowingly makes, or causes to be used, a false record or statement; or conspires to defraud the Government by getting a false or fraudulent claim allowed or paid.

Certification Summary from Page 2

Name of Project NEW COMMUNITY COMMONS	Effective Date 06/01/2021	Certification Type AR	Anticipated Voucher Date 07/01/2021
Head of Household FEAGIN, EVETTE, C	Total Tenant Payment 254	Assistance Payment 898	Tenant Rent 217
Unit Number 1701	Extenuating Circumstances Code		

Tenant Signatures

Head of Household <i>Evette Feagin</i>	Date 6/1/21	Other Adult	Date
Spouse / Co-Head	Date	Other Adult	Date
Other Adult	Date	Other Adult	Date
Other Adult	Date	Other Adult	Date
Other Adult	Date	Other Adult	Date
Other Adult	Date	Other Adult	Date
Other Adult	Date	Other Adult	Date

Owner/Agent Signature

Owner/Agent <i>M. Parker</i>	Date 6/1/2021
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**Owner's Certification of Compliance
with HUD's Tenant Eligibility
and Rent Procedures**
**U. S. Department of Housing
And Urban Development**

 Office of Housing
Federal Housing Commissioner

 For Personal Records ONLY - not for
Submission to the Federal Government

Record for Landlords

Section B. Summary Information

1. Project Name NEW COMMUNITY COMMONS	12. Effective Date 06/01/2021	21. Unit Number 1701
2. Subsidy Type 1-Sec 8	13. Anticipated Voucher Date 07/01/2021	22. No. of Bedrooms 0
3. Secondary Subsidy Type	14. Next Recertification Date 06/01/2022	23. Building ID
4. Property ID	15. Project Move-In Date 03/15/1999	24. Unit Transfer Code
5. Project Number NJ39H085049	16. Certification Type AR	25. Previous Unit No. 161
6. Contract Number Tracm08686	17. Action Processed	26. Security Deposit
7. Project iMAX ID	18. Correction Type	27. 236 Basic/BMIR Rent
8. Plan of Action Code	19. EIV Indicator	28. Market Rent 1.115
9. HUD-Owned Project?	20. Prev. Subsidy Type	29. Contract Rent 37
10. Previous Housing Code		30. Utility Allowance 1.152
11. Displacement Status Code		31. Gross Rent
		32. TTP at RAD Conversion

Tenant Number: 10005230

Section C. Household Information

33. No.	34. Last Name	35. First Name	36. MI	37. Rel.	38. Sex	39. Race	40. Eth	41. Birth Date	42. Special Status	43. Stdnt Stat.	44. ID Code (SSN)	45. SSN Excp	46. Ctn Code	47. Alien Reg. Number	48. Age	49. Work Codes
01	FEAGIN	EVETTE	C	H	F	B	2	09/01/1966			051-58-3231		EC		54	
02																
03																
04																
05																
06																
07																
08																

50. Family has Mobility Disability?	53. Number of Family Members 1	57. Expected Family Addition - Adoption 0
51. Family has Hearing Disability?	54. Number of Non-Family Members 0	58. Expected Family Addition - Pregnancy 0
52. Family has Visual Disability?	55. Number of Dependents 0	59. Expected Family Addition - Foster Children 0
	56. Number of Eligible Members 1	

60. Previous Head Last Name	63. Active Full Cert. Effective Date
61. Previous Head First Name	64. Previous Head ID
62. Previous Head Middle Initial	65. Previous Head Birth Date

Section D. Income Information
Section E. Asset Information

66. Mbr. No.	67. Income Type Code	68. Amount	69. SSN Benefits Claim No.	75. Mbr. No.	76. Description	77. Status	78. Cash Value	79. Actual Yearly Income	80. Date Divested
1	SS= Soc. Sec.	8,388		1	Wellsfargo#6791 sav	C	145	0	
1	SI= SSI	1,755		1	Wellsfargo#5653 CK	C	792	0	

70. Total Employment Income	0	81. Total Cash Value of Assets	937
71. Total Pension Income	10,143	82. Actual Income from Assets	0
72. Total Public Assistance Income	0	83. HUD Passbook Rate	0.00
73. Total Other Income	0	84. Imputed Income from Assets	
74. Total Non-Asset Income	10,143	85. Asset Income	0

Section F. Allowances & Rent Calculations

86. Total Annual Income	10,143	97. Deduction for Dependents	0	108. Total Tenant Payment	254
87. Low Income Limit	59,360	98. Child Care Expense (work)	0	109. TTP Before Override	
88. Very Low Income Limit	37,600	99. Child Care Expense (school)	0	110. Tenant Rent	217
89. Extremely Low Income Limit	22,260	100. 3% of Income	304	111. Utility Reimbursement	
90. Current Income Status	Ext. Low	101. Disability Expense	0	112. Assistance Payment	898
91. Eligibility Universe Code	1-Pre 1981	102. Disability Deduction	0	113. Welfare Rent	0
92. Sec. 8 Assist. 1984 Indicator		103. Medical Expense	0	114. Rent Override	
93. Income Exception Code		104. Medical Deduction	0	115. Hardship Exemption	
94. Police / Security Tenant?		105. Elderly Family Deduction	0	116. Waiver Type Code	
95. Survivor of Qualifier?		106. Total Deductions	0	117. Eligibility Check Not Required	
96. Household Citizenship Eligibility	E	107. Adjusted Annual Income	10,143	118. Extenuating Circumstances Code	

New Community Corporation

NEW COMMUNITY COMMONSDate: 05/25/2021EXHIBIT 6:1 REQUIRED STATE AGENCY LEASE PROVISIONS

For Section 8 State Agency Properties, the lease must contain the following additional provision or addendum:

The following additional lease provision are incorporated in full in the lease between

NEW COMMUNITY COMMONS (Landlord) and
Property Name

EVETTE C. FEAGIN (Tenant) for
Resident Name

the following dwelling: 140 S. ORANGE AVE. #1701; NEWARK, NJ 07103, 1701

Address**Unit**

In case of any conflict between these and any provisions of the Lease, these provisions will prevail.

The effective date of this agreement will commence on: 06/01/2021

Date

The total rent will be \$ 1,115.00 Per Month.

Of the total monthly rent \$ 898.00 will be payable by the State Housing Agency as assistance

Assistance Payment

and on behalf of the Tenant \$ 217.00 will be payable by the tenant.

These amounts will be subject to change by reason of changes in the Tenant's family income, family composition or extent of exceptional medical or unusual expenses, in accordance with HUD established schedules and criteria; or by reasons of changes in program rules. Any such changes will be effective as of the date stated in a notification to the tenant.

The Landlord will not discriminate against the tenant in the provision of services, or in any other matter, on the grounds of race, color, creed, religion, sex or national origin.

The Landlord will provide the following services and maintenance:

A violation of the Tenant's responsibilities under the Section 8 program, as determined by the Agency, is also a violation of the lease.

Owner/Agent:

M. Parker

Date:

6/1/2021

Head of Household:

Evette C. Feagin

Date:

6/1/21

Spouse/Co-Head:

Date:

Other Adult:

Date:

Other Adult:

Date:



**VIOLENCE, DATING VIOLENCE
OR STALKING**

**U.S. Department of Housing
and Urban Development
Office of Housing**

OMB Approval No. 2502-0204

LEASE ADDENDUM

VIOLENCE AGAINST WOMEN AND JUSTICE DEPARTMENT REAUTHORIZATION ACT OF 2005

TENANT <i>Feagin, Evette</i>	LANDLORD NEW COMMUNITY COMMONS	UNIT NO. & ADDRESS 1701 140 S. ORANGE AVE. #1701; NEWARK, NJ 07103
--	--	--

This lease addendum adds the following paragraphs to the Lease between the above referenced Tenant and landlord.

Purpose of the Addendum

The lease for the above referenced unit is being amended to include the provisions of the Violence Against Women and Justice Department Reauthorization Act of 2005 (VAWA).

Conflicts with Other Provisions of the Lease

In case of any conflict between the provisions of this Addendum and other sections of the Lease, the provisions of this Addendum shall prevail.

Term of the Lease Addendum

The effective date of this lease Addendum is June 01, 2021. This Lease Addendum shall continue to be in effect until the Lease is terminated.

VAWA Protections

1. The Landlord may not consider incidents of domestic violence, dating violence or stalking as serious or repeated violations of the lease or other "good cause" for termination of assistance, tenancy or occupancy rights of the victim of abuse.
2. The Landlord may not consider criminal activity directly relating to abuse, engaged in by a member of the tenant's household or any guest or other person under the tenant's control, cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that abuse.
3. The Landlord may request in writing that the victim, or a family member on the victim's behalf, certify that the individual is a victim of abuse and that the Certification of Domestic Violence, Dating Violence or Stalking, Form HUD-91066, or other documentation as noted on the certification form, be completed and submitted within 14 business days, or an agreed upon extension date, to receive protection under the VAWA. Failure to provide the certification or other supporting documentation within the specified timeframe may result in eviction.

Evette G. Feagin
 Tenant
M. Parker
 Landlord

6/1/21
 Date
6/1/2021
 Date

**VIOLENCE, DATING VIOLENCE
OR STALKING**

**U.S. Department of Housing
and Urban Development
Office of Housing**

OMB Approval No. 2502-0204

LEASE ADDENDUM

VIOLENCE AGAINST WOMEN AND JUSTICE DEPARTMENT REAUTHORIZATION ACT OF 2005

TENANT	LANDLORD NEW COMMUNITY COMMONS	UNIT NO. & ADDRESS 1701 140 S. ORANGE AVE. #1701; NEWARK, NJ 07103
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This lease addendum adds the following paragraphs to the Lease between the above referenced Tenant and landlord.

Purpose of the Addendum

The lease for the above referenced unit is being amended to include the provisions of the Violence Against Women and Justice Department Reauthorization Act of 2005 (VAWA).

Conflicts with Other Provisions of the Lease

In case of any conflict between the provisions of this Addendum and other sections of the Lease, the provisions of this Addendum shall prevail.

Term of the Lease Addendum

The effective date of this lease Addendum is 06/01/2013. This Lease Addendum shall continue to be in effect until the Lease is terminated.

VAWA Protections

1. The Landlord may not consider incidents of domestic violence, dating violence or stalking as serious or repeated violations of the lease or other "good cause" for termination of assistance, tenancy or occupancy rights of the victim of abuse.
2. The Landlord may not consider criminal activity directly relating to abuse, engaged in by a member of the tenant's household or any guest or other person under the tenant's control, cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that abuse.
3. The Landlord may request in writing that the victim, or a family member on the victim's behalf, certify that the individual is a victim of abuse and that the Certification of Domestic Violence, Dating Violence or Stalking, Form HUD-91066, or other documentation as noted on the certification form, be completed and submitted within 14 business days, or an agreed upon extension date, to receive protection under the VAWA. Failure to provide the certification or other supporting documentation within the specified timeframe may result in eviction.

Tenant

Landlord

Date

Date

Form HUD-91067
(9/2008)

AFFIDAVIT OF UNEMPLOYMENT

I, Evette C. Feagin, S.S. # 051-58-3231

Resident at 140 South Orange Avenue Apt. # 1701

am presently unemployed, ~~and I am not receiving any income~~ at this time.

I agree that when I obtain employment, or receive an income, I will report the change immediately to the manager of the development, and submit the proper information and documentation so it can be verified by management.

I also understand that if that if my application or recertification forms contain false or incomplete information, I may be:

- Evicted from my apartment
- Required to repay all overpaid rental assistance I received
- Fined up to \$10,000
- Imprisoned for up to 5 years; and/or prohibited from receiving future assistance
- State and local governments may have other laws and penalties as well

I have read and understand the above statement.


EMULOSAN NEWKIRK
NOTARY PUBLIC OF NEW JERSEY
COMMISSION EXPIRES 1/23/2008

3/8/07

Evette C. Feagin 3/8/07

Signature of tenant

Date

EMULOSAN NEWKIRK
NOTARY PUBLIC OF NEW JERSEY
COMMISSION EXPIRES 1/23/2008

Notarized

Department of Health & Human Services
DEPA

EVENTS

CONTACT

Knowledge

Contact us

CITY OF
NEWARK

Board of Health Inspection
Next Bed Bug Appt.
I will schedule it w/in
this month Jan. 2022.

DEPARTMENT

← Back to Departments Overview

Search our site...

110 William
St Newark NJ 07102

DEPARTMENT

HEALTH & COMMUNITY WELLNESS

The Department of Health and Community Wellness provides primary health care access, social & environmental services to all citizens, allowing them to attain an optimal level of health & well-being. Services are provided through the Mary Eliza Mahoney Health Center at four locations in the City of Newark.

READ MORE

140-132-148

Bed Bug Service 1
will come 3 to 5

CONTACT
City of Newark
CON

IMPORTANT LINKS

- 3 P's for Eating on A Budget
- 10 Tips To Become Active
- Asthma Facts
- Build A Healthy Meal
- Food Safety Tips
- Food Safety & Your Refrigerator
- Food Questions about WIC

Appt. for 12/20/19
Fri. Dec. 20, 2019
10:30am-11:00am

Inform

(9)

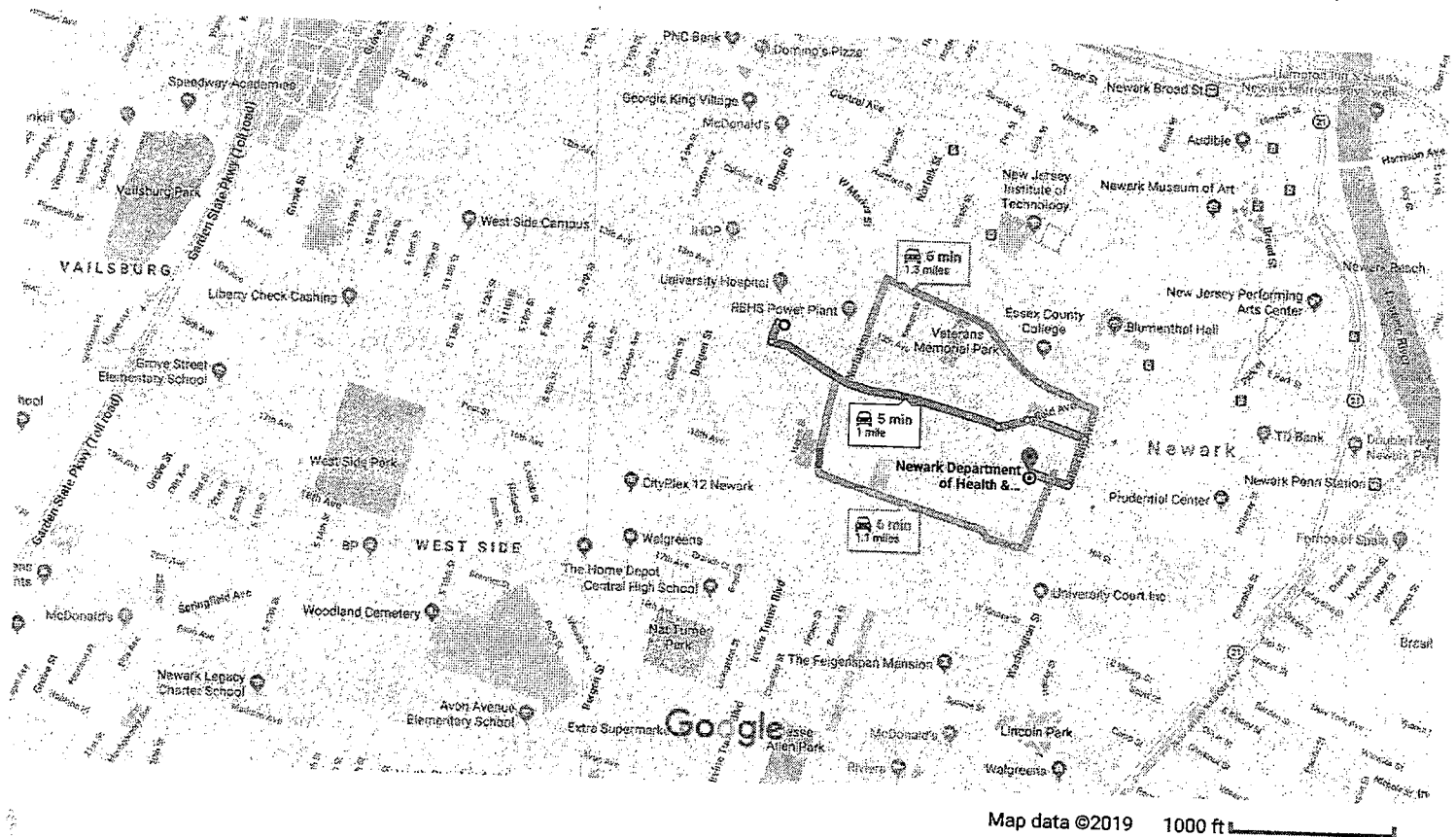
-liness

11/26/2019

Your location to newark department of health - Google Maps

Google Maps Your location to newark department of health

Drive 1.0 mile, 5 min



via Rte 510

5 min

Fastest route, lighter traffic than usual

1.0 mile



via W Market St

6 min

1.3 miles



via Court St

6 min

Some traffic, as usual

1.1 miles

Explore Newark Department of Health &
Community Wellness



Restaurants



Hotels



Gas stations



Parking Lots



More

Feagin, Evette (MRN 007184500)

University Hospital

150 Bergen Street
Newark, New Jersey 07103-2425

Results

Ultrasound Pelvis Female Complete Transvaginal Transabdominal [76830.005] (Order 104668780)

Collection Information

Collect: 12/19/2020 1256

Order Information

Date and Time	Department	Released By/Authorizing
12/19/2020 8:53 AM	Ed Emergency Uh	Regis-Andrews, Gloria, ANPC (auto-released)

Result Information

Date and Time: Exam End: 12/19/2020 12:34	Status: Final result	Provider Status: Open
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PACS Link

(Link Unavailable) Show images for Ultrasound Pelvis Female Complete Transvaginal Transabdominal

Study Result

Narrative & Impression

ULTRASOUND FEMALE PELVIS, 12/19/2020

CLINICAL INFORMATION: 54 years old female with pelvic pain and vaginal bleeding. Patient is postmenopausal.

TECHNIQUE: Transabdominal and transvaginal grayscale ultrasound of the pelvis. Transvaginal ultrasound was necessary to better evaluate the adnexal structures.

COMPARISON: Pelvic ultrasound dated 4/4/2019.

FINDINGS:

The study was limited due to patient condition.

Uterus

Orientation: Anteverted.

Echotexture: Heterogeneous.

Size: 6.4 x 3.0 x 4.1 cm

Masses: Intramural fibroid in the posterior uterine body that measures 1.4 x 1.2 x 1.5 cm.

Endometrium: Mildly thickened.

Endometrial thickness: 0.7 cm

< 0.3 cm

Adnexa

Right ovary: Not visualized.

Left ovary: 1.6 x 1.1 x 1.4 cm. Arterial and venous doppler waveforms are present at the time of examination.

Free fluid

Feagin, Evette (MRN 007184500)

None.

IMPRESSION

IMPRESSION:

1. Thickened endometrial stripe for a postmenopausal female, consider endometrial hyperplasia, endometrial polyp, or endometrial carcinoma.
2. Uterine leiomyoma.

I have personally reviewed the images and resident's interpretation of the study. I agree with the findings stated in the report and any additional attending comments.

This report has been electronically signed by HUMAIRA CHAUDHRY, MD,
12/19/2020 1:29 PM.

Result History

Ultrasound Pelvis Female Complete Transvaginal Transabdominal (Order #104668780) on 12/19/2020 -
Order Result History Report

External Result Report

External Result Report

Order Report

☒ Order Details

Order Information

Order ID: 104668780

Procedure/Medication: Ultrasound Pelvis Female Complete Transvaginal Transabdominal [76830.005]

No order transmittal information available

Either the order has not completed order transmittal, or the tracking information has been purged from the system due to age.

Feagin, Evette (MRN 007184500)

University Hospital

150 Bergen Street
Newark, New Jersey 07103-2425

Results

Ultrasound Pelvis Female Complete Transvaginal Transabdominal [76830.005] (Order 115001532)

Collection Information

 Collect: 12/16/2021 1427

Order Information

Date and Time	Department	Released By	Authorizing
12/16/2021 11:07 AM	Doctors Office Center(DOC) -Ultrasound	Jimenez Fernandez, Alba	Kusnierz, James L.

Result Information

Date and Time: Exam End:	Status: Final result	Provider Status: Open
12/16/2021 12:42		

Study Result

Narrative & Impression

ULTRASOUND FEMALE PELVIS, 12/16/2021

CLINICAL INFORMATION: 55 years old female with postmenopausal bleeding.

TECHNIQUE: Transabdominal and transvaginal grayscale ultrasound of the pelvis. Transvaginal ultrasound was necessary to better evaluate the uterus and adnexal structures.

COMPARISON: Multiple prior studies, most recently ultrasound 12/19/2020.

FINDINGS:

Uterus

Orientation: Anteverted.

Echotexture: Homogeneous.

Size: 6.0 x 2.4 x 4.0 cm

Masses: None.

Cervix: Nabothian cysts are present.

Endometrium: Normal.

Endometrial thickness: 0.4 cm

Adnexa

Right ovary: 1.1 x 0.9 x 0.9 cm. Doppler waveforms are present at the time of examination.

Left ovary: 2.0 x 0.9 x 1.3 cm. Doppler waveforms are present at the time of examination.

Free fluid

None.

IMPRESSION

Feagin, Evette (MRN 007184500)

IMPRESSION:

Normal pelvic ultrasound.

I have personally reviewed the images and resident's interpretation of the study. I agree with the findings stated in the report and any additional attending comments.

This report has been electronically signed by INESSA GOLDMAN, MD, 12/16/2021 3:15 PM.

Scans Related to Order 115001532

Scan on 11/15/2021 4:07 PM by Lawrence, Angelique: ult

Result History

Ultrasound Pelvis Female Complete Transvaginal Transabdominal (Order #115001532) on 12/16/2021 - Order Result History Report

External Result Report

External Result Report

Order Report

☒ Order Details

Order Parameters

Order ID: 115001532
Procedure/Medication: Ultrasound Pelvis Female Complete Transvaginal Transabdominal [76830.005]
Patient: FEAGIN,EVETTE
Order Workstation: DOCADMT1700C02
Order Sent By: Alba Jimenez Fernandez

Pass Number 1: "Sign" transmittal event

This order was not sent to a printer.